

# Technology Advisory Group

## September Meeting

**September 20, 2013**



# Agenda

## **Project Update**

**Mass Hlway Phase 2 – Reactions to the near final design**

**Next Steps**

# Phase 1 – Transaction and deployment update (as of Aug 2013)

## Deployment update:

Total Organizations in Production: 28

Total Organizations Live 13

Total Organizations on the Hlway 41

Major Clients slated for Sept/Oct Testing: 3

- Holyoke (MIIS)
- PVIX/Baystate
- Atrius, Reliant, and VNA Care Network (MIIS)

Vendors requesting to connect as a HISP 11

- Surescripts
- eCW
- EPIC
- Allscripts
- Aprima
- KeyHIE Transform
- eLINC
- ClaimTrak Systems
- eHana
- McKesson
- MEDfx Corporation

## Transaction update:

Transactions exchanged in Aug: 97,058

Cumulative transactions to date: 1,446,634

## Phase 2 overall timeline

### Mass Hlway Phase 2 high level project schedule

Activity	Target date
CMS approval of Phase 2 IAPD	Completed
Phase 2 contract (or change order) executed	Completed
Go-live - Public Health - Immunization Registry Node	Completed
Go-live - Public Health - Reportable Lab Results (ELR) Node	Completed
Testing - Public Health - Syndromic Surveillance Node	Completed
Testing - EOHHS – Children’s Behavioral Health (CBHI) Node	Completed
Phase 2 Requirements Gathering & Validation	Completed
Phase 2 Design Approach Preliminary Decision	Completed
Go-live - Opioid Treatment Program (OTP) Node	Sept 2013
Go-live- Cancer Registry Node	Dec 2013
Go-live- Lead Poisoning Prevention Node	March 2014
Go-live for Phase 2, Release 2 (EMPI, RLS, Consent, Provider Portal, Consumer Portal)	Oct 2013 – Mar 2014

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# **Current consent position is that phase 2 will require 2 separate patient permissions – One for RLS publish/view – One for query**

## **Mass Hlway Phase 2 consent policy under discussion:**

Healthcare provider organization must obtain and record Patient permission to:

1. Publish to and view the patient's demographic information and organization relationship on the Mass Hlway Relationship Listing Service (RLS)
2. Request the patient's medical record from another provider organization via the Mass Hlway Medical Record Request service

# **The first Consent determines data available to RLS and the entities that are permitted to access that information**

## **Data Collection:**

Mass Hlway will disregard all but the Patient identifier (PID segment) and organization identifier (MSH segment) of messages received – only the following information will be stored: Patient Identifier (e.g., Org specific MRN), Patient name, Patient gender, Patient date of birth, Patient address (and address type), Patient email, Patient phone number. Organization, Sender Direct Address (for each message persisted), Message Date and Consent preference will also be captured.

## **Data Persistence:**

Demographic data and patient : entity relationship is only accepted and persisted when patient permission is recorded (consent = “Y”)

The only exception is when patient permission has changed from consent = “Y” to consent = “N.” In this case data is persisted only for purposes of auditing the consent preference change and will not be viewable through the RLS or Provider Portal.

## **Data Access:**

Demographic data and patient : entity relationship is only disclosed to entities that have established a relationship with the patient.

## For discussion - Options for transmitting consent to publish to and view RLS from member to the Hlway

Options on the table for the consent to publish to and view the RLS include the following:

1. Include a consent Y/N indicator in each ADT message, utilizing a pre-defined “Z segment”
2. Transmit a separate consent transaction – i.e. provider will send a *Direct* message expressing consent status updates via a standard message structure
3. Route ADT messages to separate *Direct* addresses conveying consent status - i.e. [consent.yes@direct.rls.masshiway.net](mailto:consent.yes@direct.rls.masshiway.net) vs. [consent.no@direct.rls.masshiway.net](mailto:consent.no@direct.rls.masshiway.net)



## **For discussion – Establishing an RLS relationship for entities that wish to view RLS without contributing patient information**

**There are a range of organizations that may find value in accessing the RLS but cannot, or do not wish to contribute patient information to the RLS. These may include:**

- Provider organizations that have no technical capability to send patient demographic information at this time
- Provider organizations that deal primarily with patients with sensitive conditions and where listing the patient : entity relationship could be considered disclosing (e.g., Title 42 substance abuse treatment center)

**Technical options on the table for those entities that wish to access RLS data for patients without providing patient data:**

1. Do not permit RLS view for those that have not provided patient information at this time.
2. Institute a process to vet and permit a sub-set of Mass Hlway members to be “Access Only” entities. Establish a new process for transmitting patient demographic information and “consent to view RLS” flag to Hlway.

# For discussion – Establishing Patient : Payer relationship

## **Payer participation**

Mass Hlway is anticipating Payer participation in phase 2 services. EOHHS legal and the Legal & Policy Advisory Group are working through the policy implications.

Mass Hlway is looking to find a way to establish Patient : Payer relationship

We will form a sub-group of payer technical leaders to determine Payer capabilities for sending HL7 ADTs or comparable messages.

We will form a sub-group of payer privacy & security leaders to tease out remaining policy issues and consent.

## The second consent indicates patient authorization for a query initiated through the Mass Hlway

### **Consent to request information from another Hlway member:**

A query initiated through the Mass Hlway needs to indicate that a patient has authorized the query.

### **Technical Options on the table for denoting patient permission for query:**

1. (current preferred position) Consent to request a medical record will be asserted within the clinical portal by the act of clicking on the MRR – Data holder will be alerted to this requirement – request will be logged
2. Provider is required to take an extra step to assert patient consent for query. This could be accomplished with a check box, a pop-up

Option 1 presents the smoothest workflow, however it will require that all users understand that query may only be used with patient permission

Option 2 puts up an additional “gate” for explaining consent requirement and asserting permission

# Background: RLS and Query-Retrieve Available Either Through Hlway Portal or Integrated in EHR

## Data requestor

Record search:  
Portal  
or  
EHR-integrated

## Phase 2 Hlway Service

Relationship Listing  
Service

Record request:  
Portal- or EHR-  
generated

Record response:  
Directly back to  
requestor (ie, portal  
does not RECEIVE  
any response  
information)

## Four Query-Retrieve Methods

### Manual retrieve



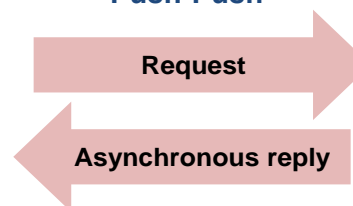
- Find record location via portal
- Retrieve records manually (phone, fax, etc)

### Cross-entity viewing



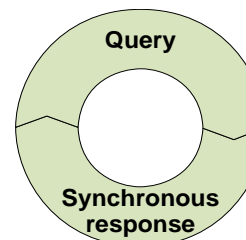
- View other EHR within own EHR or HIE Portal
- “SSO-like” access between participating systems

### “Push-Push”



- Email-like manual process
- Does not require new standards – leverages Stage 2 MU

### “Query-response”



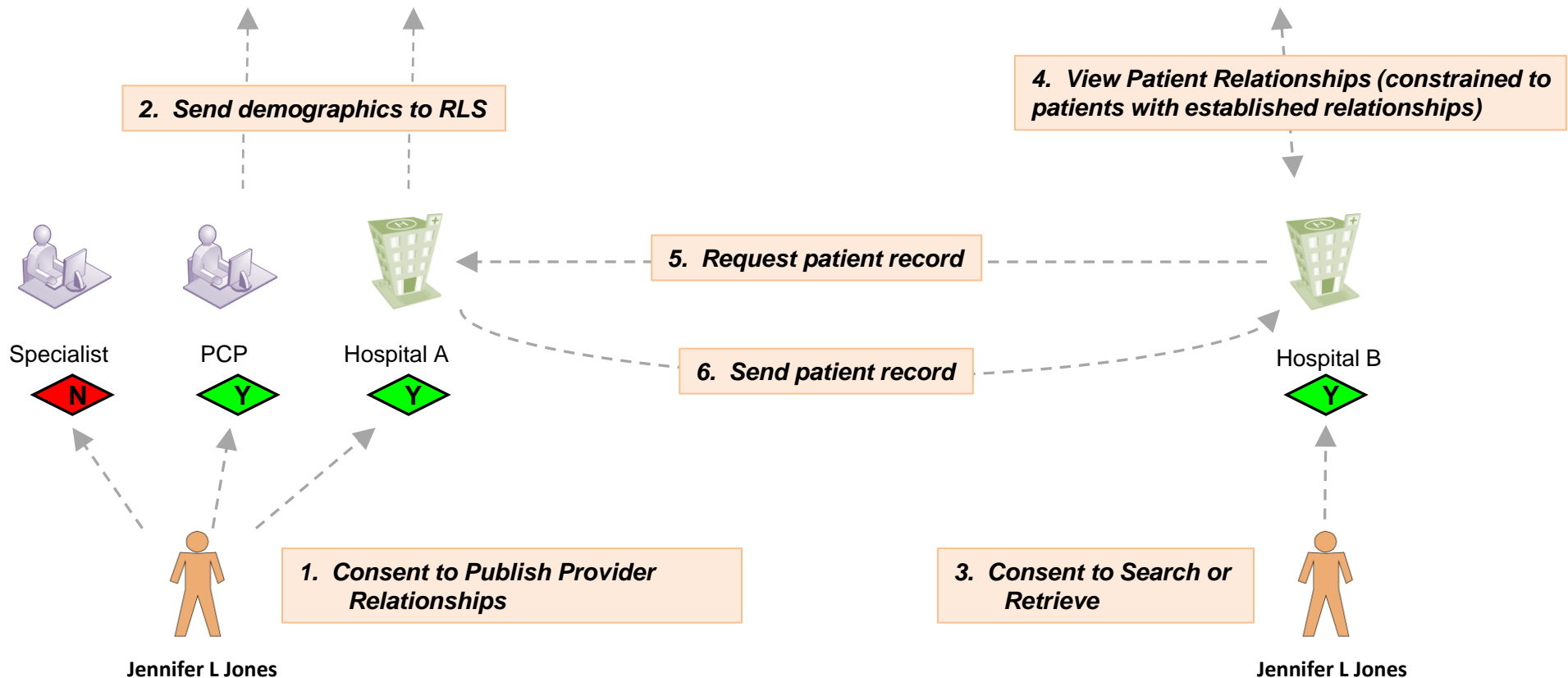
- Query with automated response
- Like electronic eligibility or RX history requests
- Requires new standards beyond Stage 2 MU

# Background: Overview of Hlway Query-Retrieve Use Patterns



## Relationship Listing Service

<u>Patient name</u>	<u>Local name</u>	<u>Institution</u>	<u>MRN</u>	<u>Last visit date</u>	<u># visits</u>
Jones, Jennifer L	Jones, Jennifer	Hospital A	1234	Dec 3, 2012	3
Jones, Jennifer L	Jones, Jenny	PCP	5678	Jul 8, 2010	12



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## Next steps

### Next steps

- Reactions to be taken into account by phase 2 design team
- Meeting notes synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Advisory Group Meeting – October 18, 2:00-3:30
  - Conference call (866) 951-1151 x. 8234356
- HIT Council – scheduled for Oct 7, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html>